

7011 2970 0004 1150 8170

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
Adm Zak Removal Inc.  
 Street, Apt. No.,  
 or PO Box No. 339 Blvd OF the Allies  
 City, State, ZIP+4 Pgh PA 15219

PS Form 3800, August 2006 See Reverse for Instructions

RISON

3

ite 11/17

below turned over to:

- 2 Delivered to Adm Zak 339 Blvd of the Allies
- 3 Adm Zak Pgh PA 15219
- 4
- 5
- 6 2-1-17
- 7 601
- 8

The above indicated transfer of such articles in my possession is requested voluntarily, of my own volition entirely and without responsibility of the Allegheny County Prison, its Warden or other personnel.

Signed, [Signature]  
 WITNESS [Signature] Cell No. 1119

I HEREBY ACKNOWLEDGE RECEIPT OF ALL ITEMS LISTED ABOVE:

OTHERS: Signed [Signature] 1/31/17  
 Address \_\_\_\_\_

Front Gate Officer \_\_\_\_\_ Date \_\_\_\_\_